

**COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
JUVENILE COURT DEPARTMENT**

_____ SS

DIVISION _____

**APPOINTMENT OF AGENT
(SEALED)**

I, _____ of _____
(Name) (Street and No.)

(City or Town) (County) (State) (Zip) **appoint**

_____ of _____
(Name) (Street and No.)

(City or Town) (County) (State) (Zip)

as my agent and I do stipulate and agree that service of legal process against me by

_____ of _____
(Name) (Street and No.)

(City or Town) (County) (State) (Zip)

seeking enforcement of the post-adoption agreement entered into on _____
(Date)

shall have the like effect as if made on me personally. I hereby revoke any previous
appointment of agent.

Date _____ Signature _____

PRINCIPAL

Signed in the presence of _____
(Name and Address of Witness)

Signature _____
WITNESS

ACCEPTANCE

I, _____ of _____
(Name) (Street and No.)

(City or Town) (County) (State) (Zip) **accept**

the appointment.

Date _____ Signature _____
AGENT

If the agent is no longer able to serve, the person nominating the agent must name a new agent by completing another appointment of agent form and filing the form with the court.